STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	010889	A. BUILDING: _____ B. WING _____	C 12/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PORTAGE	3444 SWANSON RD PORTAGE, IN 46368

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00188018. Complaint IN00188018-Substantiated. No deficiencies related to the allegations are cited. Survey date: December 9, 2015 Facility number: 010889 Provider number: 010889 AIM number: N/A Census bed type: Residential: 33 Total: 33 Census payor type: Other: 33 Total: 33 Sample: 4 Brookdale Portage was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00188018. Quality review completed by 26143, on December 11, 2015.	R 000		